

SERIAL NUMBER 09/172,261	FILING DATE 10/14/98	CLASS 358	GROUP ART UNIT 2722	ATTORNEY DOCKET NO. 35.G2265
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">APPLICANT</div> <div> <p>HIROHIRO ITO, YOKOHAMA-SHI, JAPAN.</p> <p><b>**CONTINUING DOMESTIC DATA**</b> <i>none</i></p> <p>VERIFIED <i>shk</i></p> <p><b>**371 (NAT'L STAGE) DATA**</b> <i>none</i></p> <p>VERIFIED <i>shk</i></p> <p><b>**FOREIGN APPLICATIONS**</b> <i>yes</i></p> <p>VERIFIED JAPAN 288502/1997 10/21/97</p> <p><i>shk</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/24/99</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <p>Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Verified and Acknowledged <i>shk</i></p> <p>Examiner's Initials _____</p> </div> <div> <p><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> Met after Allowance</p> </div> <div> <p>STATE OR COUNTRY JPX</p> </div> <div> <p>SHEETS DRAWING 12</p> </div> <div> <p>TOTAL CLAIMS 18</p> </div> <div> <p>INDEPENDENT CLAIMS 2</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">ADDRESS</div> <div>SEE CUSTOMER NUMBER: 005514</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">TITLE</div> <div>IMAGE INPUT AND OUTPUT METHOD, IMAGE INPUT AND OUTPUT APPARATUS, AND IMAGE PROCESSING SYSTEM</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p>FILING FEE RECEIVED</p> <p>\$920</p> </div> <div style="width: 45%;"> <p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for the following:</p> </div> <div style="width: 40%;"> <p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees (Filing)</p> <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p> </div> </div>				